

REQUEST for VERIFICATION OF EMPLOYMENT

I, (Print Name)		(Employee ID #)
(Cou	nty Department)	(Daytime/Message Phone #)
I am requesting that the County of Tulare provide written verification of employment. Type of Information requesting: [] Earnings YTD 2012 2011 2010 Other [] Mortgage [] Verification letter needed for any of the following agencies INS, Adoption, YMCA [] Other (Please specify)		
Please attach any necessary documents supporting request		
Please select one of the following:		
[]	Form will be picked up by employee	
[]	Fax to: Name and # of the company(Fax # must be provided by the employee)	
[]	Mail to:	
[]	Other:	
Employee Signature By signing I hereby release the County of Tulare, any person, or company of liability and authorize the County of Tulare to fully disclose verification of my employment.		
Fax to (559)730-2597 or Return to the Human Resources & Development 2900 West Burrel Ave. Visalia CA. 93291 Attn: Rebecca Lira		
Please allow up to 48 hours to complete your request once it is submitted. If submitted on a payroll processing day and/or prior to a holiday, completion time may be delayed.		
Forms will not be faxed, emailed, or interoffice back to employee		
Comple	eted by:	Date
		[] Picked up [] Fax [] Mailed

Human Resources and Development